SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. DEP. DEP. SK- PAPER TOTAL IND. **—**1 TOTAL DEP. YOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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